



Wisconsin Department of Public Instruction
CHILD AND ADULT CARE FOOD PROGRAM
APPLICATION/AGREEMENT
PI-1486 (New 05-06)

INSTRUCTIONS: Complete this form in duplicate and submit with two copies of site application for each site.

Each nonprofit sponsoring organization must have on file at DPI, a copy of its Tax Exempt Status documentation 501(c)3 and copies of the Tax Exempt Status documentation for each private nonprofit site.

Submit to:

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION
ATTN: ELLEN SULLIVAN
COMMUNITY NUTRITION TEAM
P.O. BOX 7841
MADISON, WI 53707-7841

*An approved copy of this form will be returned for your files.
Collection of this information is a requirement of PL 95-627.*

Agreement No.	Congressional District No.	CESA No.	Employer ID No.*
Name of Institution/Sponsoring Organization			
Address Street, City, State, Zip			Email Address
Mailing Address <i>If different from above</i>			County
Name and Title of Authorized Representative		Date of Birth <i>Mo./Day/Yr.</i>	Telephone Area/No. FAX Area/No.

I. APPLICATION

To apply for participation in the Child and Adult Care Food Program (CACFP) for the child care facilities listed on Site Application (PI-1487), adult care facilities listed on Site Applications (PI-1487-B), and Emergency Shelters listed on site application (PI-1487-A) complete the following items:

1. Sponsor Tax Status *Check one*

- ☐ a. Public ☐ b. Private Nonprofit ☐ c. For Profit (Adult Care) ☐ d. For Profit (Child Care)

2. Type of Program *Check all that apply.*

- ☐ Nonpricing Program ☐ Pricing Program (charge separate fee for meals)

Emergency Shelters Only: ☐ Residential Meal Service ☐ Nonresidential Meal Service

3. Institution/Sponsoring Organization Description *Check type(s) of center(s) participating and the number of sites sponsored for FY 2007.*

a. Institution/Sponsoring Organization of Child Care Centers, "At-Risk" After School Hours, and Outside of School Hours Centers

- | | |
|---|--|
| <input type="checkbox"/> Head Start _____ | <input type="checkbox"/> Public Child Care Center _____ |
| <input type="checkbox"/> Nonprofit Child Care Center _____ | <input type="checkbox"/> For Profit Child Care Center _____ |
| <input type="checkbox"/> Outside of School Hours Center _____ | <input type="checkbox"/> For Profit Outside of School Hours Center _____ |
| <input type="checkbox"/> "At Risk" After School Hours _____ | <input type="checkbox"/> For Profit "At Risk" After School Hours _____ |

b. Institution/Sponsoring Organization of Adult Day Care Centers

- | | |
|---|--|
| <input type="checkbox"/> Public Adult Day Care Center _____ | <input type="checkbox"/> Nonprofit Adult Day Care Center _____ |
| <input type="checkbox"/> For Profit (Title XIX) Adult Day Care Center _____ | <input type="checkbox"/> For Profit (Title XX) Adult Day Care Center _____ |

c. Institution/Sponsoring Organization of Emergency Shelters

- | | |
|--|---|
| <input type="checkbox"/> Family Shelter _____ | <input type="checkbox"/> Domestic Abuse Shelter _____ |
| <input type="checkbox"/> Other <i>Specify:</i> _____ | |

4. Estimated Enrollment by Need Category for all centers/sites participating in the CACFP under your administration.

a. Child and Adult Care Centers

Participants Not Eligible for Free or Reduced Categories (Non-needy) All Sites	Participants Eligible per Category		TOTAL Enrollment All Sites
	Reduced All Sites	Free All Sites	

b. Emergency Shelters

Eligible Children 0-18 Years	Residents of Any Age Who Have Disabilities	Ineligible Children ¹	Adults	Total Enrollments

¹ Meals and snack served to children 19 years and older may not be claimed for reimbursement. A day shelter (a site that does not offer overnight services) may claim reimbursement for eligible children if it provides written assurances to DPI that the shelter is a legitimate provider of services to homeless children and that the children who receive meals and snacks are residents of emergency shelters.

I. APPLICATION cont.

5. **Emergency Shelters Only:** Estimated number of **total daily** meals to be served to eligible children, by meal type, for all participating sites.²

Breakfast	Lunch	Supper	Supplement (Snacks)

² Information must correspond to that reported on the Site Application, PI-1487-A.

6. **Institutions/Sponsoring Organizations that operate more than one center or site**

- a. Do you have center(s) or site(s) participating in any other USDA Child Nutrition Programs [Special Milk Program (SMP), National School Lunch Program (NSLP), School Breakfast Program (SBP), Summer Food Service Program (SFSP)]?

☐ No ☐ Yes *If yes, complete the table below. Attach additional page if needed.*

Site Name	Agreement No.	Address <i>Street, City, Zip</i>	Child Nutrition Program(s)			
			SMP	NSLP	SBP	SFSP

7. **Has your Institution/Sponsoring agency or any person working for your Institution/Sponsoring Organization**, including board members and principal officers, ever been terminated or determined to have been seriously deficient or currently declared seriously deficient in any state in the operation of any USDA Child Nutrition Program, including the Child and Adult Care Food Program?

☐ No ☐ Yes, *If yes, attach a written explanation*

- a. **Directors and Principal Officers**

Complete the following table, listing the names and addresses of all current board members. If you operate a proprietary ("for profit") agency, detail information for all current corporate officials. A sole proprietorship must list the name and address of the current owner.

Note: Immediately notify the Department of any changes in Board membership or agency ownership between applications.

Title	Name	Date of Birth <i>Mo./Day/Year</i>	Address <i>Street, City, State, Zip</i>
President			
Vice President			
Secretary			
Treasurer			
Corporate Officials			

- b. **For the individuals listed in the table above**, are they

Family Related <i>Specify Relationship</i>	Related to a CACFP Official <i>Specify relationship</i>	Employed by Institution/Sponsoring Org. <i>Specify Position</i>

- c. **Does your agency have board meetings?** (Not applicable for sole proprietorship or "for profit" agency.)

☐ No ☐ Yes, *If yes, complete the following table, listing the dates or tentative dates for your agency's board meetings during this federal fiscal year (October 1, 2006, to September 30, 2007).*

Month/Day/Year	Month/Day/Year	Month/Day/Year	Month/Day/Year

I. APPLICATION cont.

8. Audit Requirements. The Code of Federal Regulations, Title 7-Agriculture, Part 3052 (7 CFR Part 3052) establishes audit requirements. Specifically Sec 3052.200 requires an annual audit if nonfederal entities expend \$500,000 or more in a year in total federal awards. The \$500,000 audit threshold applies to all federal grant awards combined.

Section 3052.320 describes the report submission requirements for nonprofit agencies required to have an audit. To determine if your agency must have an audit conducted, complete the following table. **List all federal programs for which your agency receives funding and the amount expended during federal fiscal year 2005 (October 1, 2004 – September 30, 2005).**

**Federal Awards Expended During the Federal Fiscal Year 2005
(October 1, 2004 – September 30, 2005)**

CFDA ³	Name of Federal Program	Amount Expended
1. 10.558	Child and Adult Care Food Program	
2.		
3.		
4.		
5.		
6.		
7.		
8.		
Total Federal Awards Expended⁴		

³ CFDA means the assigned federal number found in the *Catalog of Federal Domestic Assistance Numbers*

⁴ If the total federal awards expended is \$500,000 or more, your agency is required to comply with the audit requirement. Your agency must comply with the reporting requirements specified in 7 CFR, Part 3052.

9. Publicly Funded Programs

- a. Has the institution/sponsoring organization or any of its principals ever been disqualified from participation in any publicly funded program for violating that program's requirements? "Publicly funded program" means any program funded, whole or in part, by federal, state, or local government. "Principals" means any individual who holds a CACFP related management or supervisory position within, or is an officer of, an institution or a sponsored center, including the executive director, all members of the institution's governing board of directors or similar body, or the sponsored center's governing board of directors or similar body.

☐ No ☐ Yes

- b. In the table below report all publicly funded programs in which the Institution/Sponsoring Organization and its principals have participated during the past seven years (October 1, 1999, to present). Attach additional pages if needed.

Name of Organization	Name of Principal	Name of Program	Job Title	Years of Participation or Employment

II. INDEPENDENT CENTERS/SITES ONLY

1. List all projected income and sources of income that will be used to finance the Child and Adult Care Food Program. The total income must exceed the total of all expenses listed under item #2 below.

Sources of Income	Annual Income
A. Child and Adult Care Food Program	
B.	
C.	
D.	

II. INDEPENDENT CENTERS/SITES ONLY cont.

2. Annual administrative and operating expenses.

Food Service Administrative Expenses						
Labor	Office Supplies (Include Printing & Reproduction)	Travel	Training	Equip. Leasing/ Computer Services	Other Specify	TOTAL

Food Service Operating Expenses							
Food	Food Service Labor	Other Labor (Janitor, etc.)	Nonfood Supplies	Utilities	Rental	Other Specify	TOTAL

3. In the space below describe your agency's procurement procedures including comparing prices, small purchase procedures, competitive sealed bids, competitive negotiation, and noncompetitive negotiation. Refer to Guidance Memorandum 4, *Procurement Requirements for Purchase of Food, Supplies, and Services*, for additional information.

4. **Enrollment.** Check the enrollment policy your agency follows in relation to participants who will be included as the free, reduced and non-needy each month on the reimbursement claim. In accordance with USDA guidance, a center is required to maintain its definition of enrollment for the entire fiscal year or receive written permission from DPI to change the enrollment definition if it is not consistent throughout the year. Refer to Guidance Memorandum 6 (A&C), *Enrollment*, for additional information and examples of reasonable and measurable enrollment criteria. (Not applicable for Emergency Shelters.)

A participant is considered enrolled for a given month if he/she has a completed and approved current enrollment form on file, and:

- ☐ is in attendance at least one day in the given month;
- ☐ has attended at least once in the past three months;
- ☐ the center maintains a vacant opening in anticipation of the participant's future attendance at the center; or
- ☐ other Specify:

5. List the names, titles, and birthdates of the people responsible for the following duties:

Name	Title	Date of Birth	Duty
A.			Prepares, monthly claim form.
B.			Plans menus.
C.			Keeps program fiscal ledgers, receipts, invoices, etc.
D.			Approves and maintains household size-income statements. ¹
E.			Completes and maintains household size-income record. ^{1,2}
F.			Completes production records (quantity of food prepared). ¹
G.			Maintain child intake forms. ³
H.			Maintains participants' enrollment forms. ¹
I.			Maintains participants' attendance records.

¹ Not applicable for "At Risk" After School Hours Care Sites or Emergency Shelters.

² An agency which does not use the Household Size-Income Record as detailed in Guidance Memorandum must submit, for DPI approval, the agency form being used to record monthly enrollment data by need category (non-needy, reduced, and free).

³ Applicable for Emergency Shelters only.

II. INDEPENDENT CENTERS/SITES ONLY cont.

6. In the space below describe your agency's policies and procedures for ensuring compliance and accuracy with the data submitted on the reimbursement claim for claims processing, meal count tallies, menu review, and other edit checks. (Refer to application/agreement instructions for further information.)

a. Claims Processing Including Enrollment Data

b. Meal Count Tallies (meal participation records; point of service)

c. Menu Review (meal pattern compliance, claiming only reimbursable meals/snacks)

d. Other Edit Checks (e.g., recordkeeping)

7. Check each of the following box(s) below that describes the source of money that will be used when your agency must repay to the Department of Public Instruction a fiscal overclaim.

- ☐ tuition fees,
☐ privacy pay,
☐ Wisconsin Works (W-2 Childcare), or
☐ Other: *Specify:* _____

**III. SPONSORING ORGANIZATIONS ONLY
MANAGEMENT PLAN**

- A. Sponsoring Organization with two or more sites and/or a sponsoring organization that sponsors one or more sites which is/are not the same legal entity(ies) of the sponsoring organization must complete items 1-10 below.**

MANAGEMENT PLAN FOR SPONSORING ORGANIZATIONS ONLY

1. Monitoring

- a. Preapproval visits to new sites, sites in new locations, or sites closed for more than one month.

	Site Name	Date of Visit	Staff Conducting Visit	Location of Records
1.				
2.				
3.				
4.				

III. SPONSORING ORGANIZATIONS ONLY MANAGEMENT PLAN (cont.)

- B. Reviews of Food Program Operations. Facilities must be reviewed at least three times each year. A minimum of two of the three reviews must be unannounced, and at least one unannounced review must include the observation of a meal service where participants are present. A minimum of one review must be made during the facility's first four weeks of program operation, when new or site has moved to a new location, and not more than six months may elapse between reviews. If, in a review of a facility, a sponsoring organization detects one or more serious deficiencies, the next review of that facility must be unannounced. (Serious deficiencies are those set forth in the permanent agreement.) Unannounced reviews must be made only during the facility's normal hours of operation and monitors must possess photo identification that demonstrates that they are employees of the sponsoring organization.

Site Name	No. of Reviews	Date of Reviews	Staff Conducting Reviews	Location of Records

- C. In the space below, describe your agency's monitoring policies and procedures including the monitoring of the monitors.

2. Specify the required annual training covering program requirements to be provided by your agency in FY 2007 (October 1, 2006 – September 30, 2007). Key staff must attend this training [7CFR226.6(f)(1)(ix)].

Training Date(s)	Name (s) of Person(s) Conducting Training	Topics Covered

3. List the names, titles, and birthdates of the persons responsible for the following Program duties: (Attach additional pages if needed.)

Name	Title	Date of Birth	Duty
A.			Prepares/consolidates monthly CACFP claim
B.			Maintains fiscal ledgers, receipts, invoices, etc.
C.			Approves Site Applications
D.			Monitors Sites
E.			Approves/maintains household size-income statements ¹
F.			Approves/maintains household size-income record ^{1,2}
G.			Completes/maintains enrollment or intake forms and attendance records
H.			Issues Policies and Procedures
I.			Plans menus
J.			Completes production records (quantity of food prepared) ¹
K.			Supervises food preparation
L.			Prepares food supplies
M.			Prepares meals
N.			Maintains daily participation records by meal type(s) for children and adults. ³

¹Not applicable for "At Risk" After School Hours Care Sites and Emergency Shelters.

²An agency which does not use the Household Size-Income Record as detailed in Guidance Memorandum #1A and #1C must submit for approval by the DPI the agency form being used to record monthly enrollment data by need category (non-needy, reduced, and free).

³Applicable for Emergency Shelters only.

III. SPONSORING ORGANIZATIONS ONLY MANAGEMENT PLAN (cont.)

4. Recordkeeping

Record Information	Methods Used to Collect from Sites	Frequency of Collection	Where Records are Filed
1. Household Size-Income Statements ¹			
2. Household Size-Income Record ^{1,2}			
3. Daily Participation Records by Meal Types for Children and Adults			
4. Food Program Income and Expenditures			
5. Production Records ¹ and Menus			
6. Child Enrollment Forms ¹			
7. Child Attendance Records			

¹ Not applicable for "At Risk" After School Hours Care Sites and Emergency Shelters.

² An agency which does not use the Household Size-Income Record as detailed in Guidance Memorandum #1A and #1C must submit for approval by the DPI the agency form being used to record monthly enrollment data by need category (non-needy, reduced, and free).

5. **Enrollment.** Check the enrollment policy your agency follows in relation to participants who will be included as the free, reduced, and non-needy each month on the reimbursement claim. In accordance with USDA guidance, a center is required to maintain its definition of enrollment for the entire fiscal year or receive written permission from DPI to change the enrollment definition if it is not consistent throughout the year. Refer to Guidance Memorandum 6, *Enrollment*, for additional information and examples of reasonable and measurable enrollment criteria. **If your agency's enrollment policy varies between each center, detail each enrollment policy and the applicable centers.** Attach additional pages, if needed. (Not applicable for Emergency Shelters.)

A participant is considered enrolled for a given month if he/she has a completed and approved current enrollment form on file, and

- ☐ is in attendance at least one day in the given month;
- ☐ has attended at least once in the past three months;
- ☐ the center maintains a vacant opening in anticipation of the participant's future attendance at the center; or
- ☐ other *Specify:* _____

6. In the space below describe your agency's policies and procedures for ensuring compliance and accuracy with the data submitted on the reimbursement claim for claims processing, meal count tallies, menu review, and other edit checks. (Please refer to application/agreement instructions for further information.)

a. Claims Processing Including Enrollment Data

b. Meal Count Tallies (meal participation records, point of service)

c. Menu Review (meal pattern compliance, claiming only reimbursable meals/snacks)

d. Other Edit Checks (e.g., recordkeeping)

III. SPONSORING ORGANIZATIONS ONLY MANAGEMENT PLAN (cont.)

7. Sponsoring organizations must have personnel policies on outside employment of their CACFP employees. Principles to consider in approving outside employment would include likely schedule conflicts with CACFP responsibilities and duties and ethical or conflict-of-interest issues.
- a. Does your agency have personnel policies on outside employment of CACFP employees?
☐ Yes (If "yes", submit a copy of these policies) ☐ No (If "no", application cannot be approved)
- b. Does your agency require that any outside employment be approved in advance by the sponsoring organization?
☐ Yes ☐ No

8. In the space below describe your agency's procurement procedures including comparing prices, small purchase procedures, competitive sealed bids, competitive negotiation, and noncompetitive negotiation. Refer to Guidance Memorandum 4, *Procurement Requirements for Purchase of Food, Supplies, and Services*, for additional information.
- _____
- _____
- _____

9. Check each of the following box(s) below that describes the source of money that will be used when your agency must repay to the Department of Public Instruction a fiscal overclaim.
- ☐ tuition fees;
- ☐ private pay;
- ☐ Wisconsin Works (W-2 Childcare); or
- ☐ Other *Specify:* _____

10. Cost Allocation Plan. Sponsoring organizations must answer the follow three questions regarding any cost allocation plans used for preparing the budget submitted as part of this Application/Agreement (Attachment G).
- a. Did your agency use a cost allocation plan for CACFP-funded **personnel** (administrative and/or operational staff)?
☐ Yes ☐ No (If "yes", submit a copy of the cost allocation plan)
- b. Did your agency use a cost allocation plan for CACFP-funded **office and/or operational space**?
☐ Yes ☐ No (If "yes", submit a copy of the cost allocation plan)
- c. Did your agency use a cost allocation plan for CACFP-funded **supplies**?
☐ Yes ☐ No (If "yes", submit a copy of the cost allocation plan)

11. Is all the information and documentation submitted by the Sponsoring Organization as part of PI-6070 for the federal fiscal year 2006 (October 1, 2005–September 30, 2006), financial viability, organizational capability and internal controls, still current and valid (new Sponsoring Organizations need to submit the information requested on PI-6070)?

☐ Yes ☐ No (If no is indicated, detail below the item(s) that have changed and submit new documentation as needed.)

☐ **Financial Viability**

- ☐ Work Schedules and Job Descriptions _____
- ☐ Federal and State Tax Payments _____
- ☐ Written Personnel Policies _____
- ☐ Life Insurance and Retirement Policies _____
- ☐ Payments for Life Insurance and Retirement Plans _____
- ☐ Rental, Lease and other Contracts _____
- ☐ Payments for Rental, Leases and other Contracts _____
- ☐ Equipment Purchases/Inventory _____
- ☐ Office Supplies, Printing, Photocopying, Postage _____
- ☐ Travel _____
- ☐ Professional/Contract Services _____
- ☐ Bonding Expense _____

☐ **Organizational Capability**

- ☐ Organizational Chart _____
- ☐ Organizational Mission _____
- ☐ Staff Performance Appraisals _____
- ☐ Employee Certification Statements _____

III. SPONSORING ORGANIZATIONS ONLY MANAGEMENT PLAN (cont.)

☐ Internal Controls

- ☐ Governing Board Policies _____
- ☐ Accounting System _____
- ☐ Separation of Costs _____
- ☐ Disbursal of Funds _____
- ☐ Parent Audits/Contacts _____

IV. APPLICATION ENCLOSURE

Enclose the following information as it applies to your organization.

1. Application Enclosures for Institutions/ Sponsoring Organizations

- a. One month of menus for each meal service claimed for reimbursement (i.e. breakfast, AM snack, lunch, PM snack, supper, additional snack). If sites use different menus, send a set for each site. (Required for new institutions, *optional* for renewing institutions.)
- b. Federal Tax-Exempt Documentation 501(c)3 (New nonprofit Institutions/Sponsoring Organizations only).
- c. A copy of the current license or certification for each Adult Day Care and/or Child Care center/site.
- d. *For Emergency Shelters, At-Risk, and Outside of School Hours:* Although there is no federal requirement for emergency shelters to have either federal, state, or local licensing or approval as a group day care as a condition of eligibility, these sites must comply with all applicable state or local health and safety standards. Shelters, Outside of School Hours Care Centers, and At-Risk After Hours Care sites which do not have state or local approval for group day care must have the appropriate inspections and/or permits to certify that all applicable state and local health and safety standards and requirements are met at all times. See the Application/Agreement instructions for additional information.
- e. Vendor Agreement to Provide Meals and Record of Food Service Management Companies, or Schools/Vendors contacted (For contracts under \$100,000).

OR

Invitation of Bid and Contract, Child and Adult Care Food Program and a copy of the newspaper advertisement and a list of all vendors and schools that submitted sealed bids along with a copy of the unit Price Schedule for each bidder (For contracts over \$100,000). Note, enclosure "e" is only required for Institutions/Sponsors that purchase meals.

- f. Two copies of the signed Pricing Program Addendum with the authorized representative's signature. (Pricing Programs only).
- g. Policy Statement (Addendum to the Application/Agreement, PI-6075)-(New nonpricing Institutions/Sponsoring Organization only).
- h. Attachment G (sponsors).

2. Application Enclosures for New Sponsoring Organizations Only

- a. A copy of the sponsoring organization's most recent independent audit or financial statements prepared by a certified public accountant.
- b. Description of unmet Program need. (New sponsoring organizations must demonstrate that CACFP benefits will be provided to unserved participants and/or areas that have a need for Program coverage. Criteria which will be used to evaluate the unmet needs include, but are not limited to: pockets of population that speak a different language or dialect, major changes in employment resulting in a significant loss or gain of jobs, geographical remoteness and a lack of CACFP eligible day care centers in the immediate neighborhood of the proposed site(s). Provide a narrative explanation of the unmet Program needs that will be addressed by your agency's sponsorship of the CACFP.)
- c. Attachment G.
- d. PI-6070 and all supporting documentation.
- e. PI 6070-A (Sponsoring Organizations of 25 or more sites/shelters only).

3. Application Enclosures for Emergency Shelter Sites Only

- a. A description of how each site will ensure that reimbursement is claimed only for meals served to eligible children who reside at the shelter(s).

4. Application Enclosures for "At Risk" After School Hours Care Sites Only

- a. Documentation of area eligibility (each site must be located in an area served by a school in which at least 50 percent of the enrolled children are certified eligible for free and reduced price meals).
- b. Certification that the site(s) provide children with regularly scheduled activities in an organized, structured and supervised environment and includes educational and/or enrichment activities.

V. CERTIFICATION
Outside of School Hours Centers and At Risk After School Hours Care Sites

In accordance with USDA guidance, Outside of School Hours Centers and At Risk After School Hours Care Sites participating in the CACFP are not required to be licensed unless there is a State or local requirement for licensing. As a condition of receiving federal reimbursement under the CACFP, the Institution/Sponsoring Organization certifies that:

1. Outside of School Hours Centers and At Risk After School Hours Care Sites participating in the CACFP under the Institution's/Sponsoring Organizations' Application/Agreement which are not licensed, are not required to be licensed based on the Department of Health and Family Services criteria that "No person may for compensation provide care and supervision for 4 or more children under the age of seven for less than 24 hours a day unless that person obtains a license to operate a day care center from the department," Sec 48.65(1) Wis. Stats.
2. The Institution/Sponsoring Organization shall require Outside of School Hours Centers and At Risk After School Hours Care Sites to advise the sponsor of any change in conditions that may require such sites to be licensed and that such requirement shall be part of the site agreement the Institution/Sponsoring Organization executes with such site(s).
3. Should the Institution/Sponsoring Organization receive information or otherwise have knowledge of any change at a site that may affect the site's need to obtain a license, the Institution/Sponsoring Organization shall notify immediately the Department of Health and Family Services in effort to obtain licensure is the site elects to continue participation on the CACFP, or if licensure is required and the site elects not to satisfy the licensure requirement, the site shall be immediately terminated from the CACFP. The Institution/Sponsoring Organization also agrees to notify immediately the Department of Public Instruction of such action(s).
4. The Institution/Sponsoring Organization agrees that meals and snacks will not be claimed for any site that is not in compliance with the licensure requirement.

VI. CERTIFICATION

I CERTIFY that the information on this Application/Agreement, and the Application/Agreement—Attachment G of the instructions (Sponsoring Organizations only), and all site applications is true and correct to the best of my knowledge and that the agency herein named is in compliance with the audit requirements stated in 7 CFR Part 3052. The Institution named herein accepts final financial and administrative responsibility for management of an effective food service, and further agrees to comply with all requirements as specified under 7 CFR 226. A Sponsoring Organization certifies that all key staff (as defined by WDPI) have attended annual Program training, and documentation is on file in support of this certification. The Institution certifies that neither it nor any of its principals have been declared ineligible to participate in any other publicly funded program by reason of violating that programs' requirements. In addition, the Institution certifies that neither it or any of its principals has been convicted of any activity that occurred in the past seven years and that indicated a lack of business integrity. (A lack of business integrity includes fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims obstructing justice, or any other activity indicating a lack of business integrity as defined by the state agency.) Institutions and individuals providing false certifications will be placed on the National Disqualified List and will be subject to any other applicable civil or criminal penalties. The Institution further certifies that a screening process is in place to scrutinize any criminal convictions of board members that may disqualify them from performing program administrative functions. I understand that this information is being provided in connection with receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes. I further agree to abide by the terms and conditions of the Application/Agreement as outlined in the permanent agreement.

FOR DPI COMPLETION

This Application-Agreement shall be effective
 _____ **through September 30, 2007.**

**STATE OF WISCONSIN
 DEPARTMENT OF PUBLIC INSTRUCTION
 COMMUNITY NUTRITION TEAM**

SIGNATURE of Authorized Representative

➤

Title of Authorized Representative

Date Mo./Day/Yr.

SIGNATURE

➤

Title

Director, Community Nutrition

Date Mo./Day/Yr.